

**ATTORNEY DOCKET NO. 21101.0049U2
VIA EFS-WEB**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Alejandro Sanchez) Art Unit: **2165**
)
Application No. **10/532,198**) Examiner: **Hoang, Son T.**
)
Filing Date: **August 8, 2005**) Confirmation No. **8394**
)
For: **MANAGING BIOLOGICAL
 DATABASES**)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**BALLARD SPAHR ANDREWS &
INGERSOLL, LLP**

Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Response to Office Action |
| <input checked="" type="checkbox"/> | Fee as calculated below |
| <input type="checkbox"/> | No Additional Fee Required |
| <input type="checkbox"/> | Corrected Drawings |
| <input checked="" type="checkbox"/> | Petition to For Extension of Time |
| <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Other _____ |

CLAIMS AS AMENDED					
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	28	56	0	X \$50.00	\$0.00
Independent Claims	3	8	0	X \$210.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00	\$0.00
EXTENSION FEE	1 st Month \$130 <input type="checkbox"/>	2 nd Month \$490 <input type="checkbox"/>	3 rd Month \$1110 <input checked="" type="checkbox"/>	4 th Month \$1730 <input type="checkbox"/>	5 th Month \$2350 <input type="checkbox"/>
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -					- \$555.00
TOTAL FEE DUE					\$555.00

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APPLICATION NO. 10/532,198**

Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- Payment by credit card in the amount of \$555.00 for the fees designated above is submitted via EFS-Web.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

**BALLARD SPAHR ANDREWS
& INGERSOLL, LLP**

/Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

**BALLARD SPAHR ANDREWS
& INGERSOLL, LLP**

Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)